



PATIENT PRESENTING CLINICAL SIGNS

- Belle Soptei**
- GI signs
 - Weight loss
- SPECIES**
- Decreased BCS
 - Sq mass
- Canine**
- Cerenia, Buprenex, IVF

BREED Abnormal PE/Chem/CBC/UA Results: Decreased k 2.7, HCT 64.6

Dachshund Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Female Spayed The urinary bladder is moderately distended. A 0.91 x 0.57 cm irregular nodule is observed near the trigone. The remaining bladder wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed.

AGE

13 years 9 mos The left kidney is normal in size (5.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20 lbs

The right kidney is normal in size (5.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is enlarged (0.98 cm in width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

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Chloe Lowe, CVT

The right adrenal gland is enlarged (1.48 cm at cranial pole) (1.31 cm at caudal pole) with swollen peripheral contours. The parenchyma is mildly heterogenous, with some loss of glandular detail. Surrounding vasculature appears normal.

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Spleen

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. At least one, small, myelolipoma is observed in the region of the hilus. Splenic vasculature is normal.

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Dr. Chan

Liver

The liver is normal- to slightly prominent-in-size, with smooth peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

3-26-26

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not



PATIENT identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Belle Soptei **Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Canine **Lymph nodes**

The abdominal lymph nodes are normal/not visible.

BREED

Free Abdomen

Dachshund Mix The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

SEX **Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

Female Spayed

ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings

13 years 9 mos

WEIGHT

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- The urinary bladder nodule in the region of the trigone could be consistent with emerging neoplasia (i.e., transitional cell carcinoma) or a focal inflammatory process (i.e., polypoid cystitis).

20 lbs

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Secondary Findings

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

- Minor geriatric hepatic parenchymal changes
- Bilateral adrenomegaly

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

Chloe Lowe, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the urinary bladder nodule, a urine BRAF test is recommended to further evaluate for lower urinary tract neoplasia. A positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer, and further testing (i.e., biopsies) may be necessary to get a definitive diagnosis.

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- Regarding the GI signs, consider the following:

Dr. Chan

1. Texas GI panel including serum cobalamin, folate, PLI, and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with fenbendazole.
4. A 3-4-week hypoallergenic or hydrolyzed protein diet trial
5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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Belle Soptei

SPECIES

Canine

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Dachshund Mix

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Female Spayed

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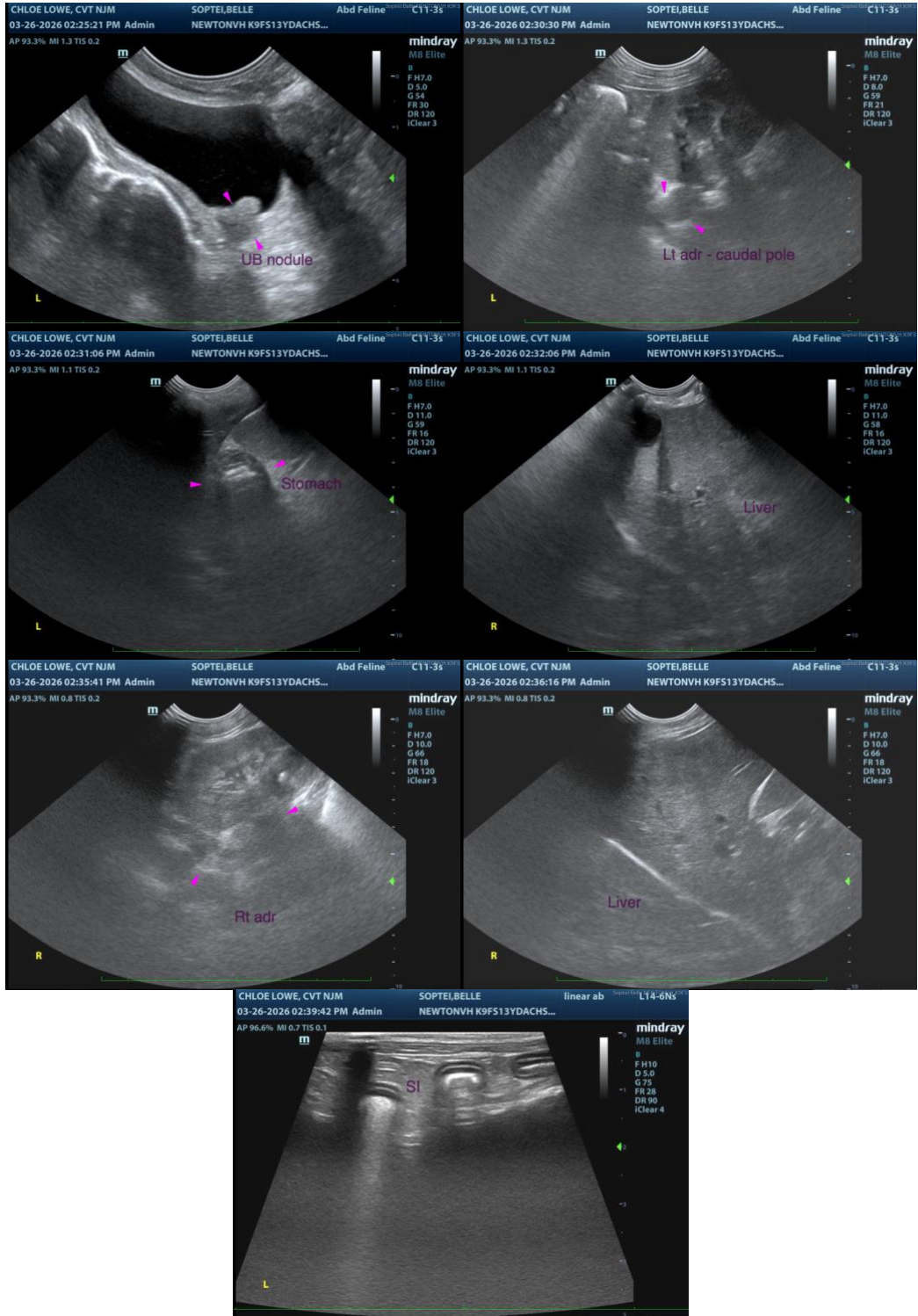
Dr. Chan

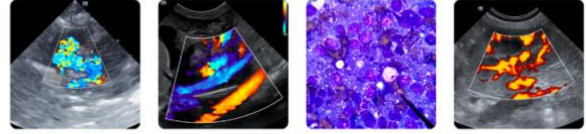
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PATIENT

Belle Soptei

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

BREED

Dachshund Mix

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SEX

Female Spayed

AGE

13 years 9 mos

WEIGHT

20 lbs

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